

**Work Order ID 100968**

May-01-13 7:07:31 AM

**\*100968\***

Page 1

Item ID: D3257-1

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Fitting

Stop

**\*NS2\***

Start Date: 4/30/13

Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 4/30/13

Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan: M15Date: 13-05-02 Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
<b>*100*</b>	BAND SAW								
Bandsaw		0.00							
Jeaspa Bandsaw		Cut blank: 0.500" x 0.500" x 1.180" long Bar							
110		0.00							
<b>*110*</b>	HAAS CNC VERTICAL MACHINING #1								
HAAS I		0.00							
HAAS CNC vertical machine #1		Machine as per Folio FA420 and Dwg D32571-Deburr2- *****FINISH TAPPING PARTS BY HAND AS PER DWG D3257*****							
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*120*</b>		0.00							
QC									
Quality Control									

12 13-5-1213-05-1512 013-05-1512 0

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio  <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other			

**Work Order ID 100968****\*100968\***

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May-01-13 7:07:31 AM

Item ID: D3257-1

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Fitting

Start Date: 4/30/13 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 4/30/13 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC8- Inspect parts - second check

0.00

P0/B 13/05/15

12 0

**\*130\***

QC

Quality Control

140

Identify as per dwg & Stock Location: ST 034 0.00**\*140\***

Packaging

Packaging

Memo

0.00

12x 13-5-15

150

QC21- Final Inspection - Work Order Release 0.00

**\*150\***

QC

Quality Control

Memo

0.00

13/5/17 JJ  
MCJ 13-05-10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>		
Part No. _____			Work Order Update <input type="checkbox"/>																			
NCR No. _____																						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector									
Doc/Data																						
Equip/Tooling																						
Operator																						
Material																						
Setup																						
Other																						
Process																						
Supplier																						
Training																						
Unapproved																						
FAULT CATEGORY																						
Landing Gear				General																		
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions											<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			

**Picklist Print**

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**Work Order ID:** 100968**Parent Item:** D3257-1**Parent Item Name:** Fitting**Start Date:** 4/30/13**Required Date:** 4/30/13**Start Qty:** 12.00**Required Qty:** 12.00**Comments:** IPP: A04.04.14New issueKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M303B0.500X0.500 AISI 303 Bar .500 x .500		Purchased	No			100	f	12.0000	0.1092	1.3793688			SL 135-12

Location	Loc Qty	Loc Code
MAT049	12	
121157	12	1-38

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

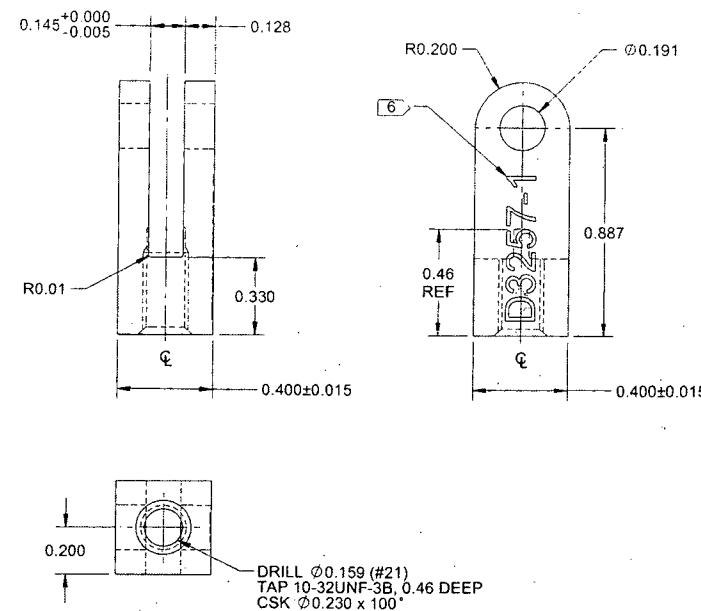
DART AEROSPACE LTD	Work Order:	100968
Description: Fitting	Part Number:	D3257-1
Inspection Dwg: D3257	Rev: B	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<i>SS</i>	Audited by:	<i>PD / B.A.</i>	Preliminary Approval:	
Date:	13-05-14	Date:	13/05/15	Date:	

Rev	Date	Change	Revised by	Approved
A	04.12.10	New Issue	KJ/JLM	
B	05.06.20	0.455 dimension removed	KJ/JLM	
C	12.05.15	Dimensions revised per Dwg Rev B	KJ	

PY  
OPEN TO  
SIGHTING  
UNCONTROLLED COPY  
SIGHTING  
EXCISE  
SIGHTING  
SIGHTING  
100968\_MLS  
13-05-02



**D3257-1 FITTING**

NOTES:

- 1) MATERIAL: AISI 303/304/316 SS BAR  
PER ASTM A582 (303)  
PER ASTM A276 OR ASTM A240 (304/316)  
REF DART SPEC M303B OR M304B
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER DART QSI 044 6.3
- 7) WEIGHT: 0.03 lbs

B	RE-DESIGN PER PAR12-162	RF	12.02.24
A	NEW ISSUE	RF	04.01.27
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D3257	SHEET 1 OF 1
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	FITTING	NTS
DATE	12.02.24	COPYRIGHT © 2004 BY DART AEROSPACE LTD. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE, OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

D3257-1

RELEASED  
2012-03-21  
ECN 12-SHS CP